

## LETTER TO THE EDITOR

### Reply to Drs. Swisher and Putnam

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Dear Sir,

If in our study the mean survival time of patients with more than four positive nodes was longer for patients who underwent three-field dissection (cervical, mediastinal, and perigastric lymphadenectomy) than for patients who underwent two-field dissection (mediastinal and perigastric lymphadenectomy), then Dr. Swisher's and Dr. Putnam's point would be correct, because the number of positive nodes would correlate with the extent of lymphadenectomy. However, the mean survival time of patients with node negative or fewer than four positive nodes was longer for patients who underwent three-field dissection than for patients who underwent two-field dissection. Therefore, it is proper that cervical node positive disease is included in the evaluation of patients who underwent two-field dissection without cervical lymphadenectomy. Our results suggest that dissection of the cer-

vical nodes contributes to lengthening survival of patients with occult positive nodes in the neck. However, we agree with Dr. Swisher and Dr. Putnam that a randomized trial is necessary to clearly determine the relationship between the number of positive nodes and patient prognosis.

**Katsunobu Kawahara, MD\***  
Second Department of Surgery  
Fukuoka University School of Medicine  
Fukuoka, Japan

\*Correspondence to: Katsunobu Kawahara, MD, Second Department of Surgery, Fukuoka University School of Medicine, Jyohnannku-Nanakuma 7-45-1, #814-0180 Fukuoka, Japan.

E-mail: kawaharu@msat.fukuoka-u.ac.jp

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